

LAW OFFICES OF

GRAYBEAL JACKSON HALEY LLP
Attorneys at Law

155 - 108TH AVENUE N.E., SUITE 350
BELLEVUE, WASHINGTON 98004-5901
TELEPHONE: (425) 455-5575
FACSIMILE: (425) 455-1046

PATENTS
COMPUTER LAW
BIOTECHNOLOGY
TRADEMARKS
COPYRIGHTS
LICENSING
LITIGATION

RICHARD O. GRAY, JR.
JEFFREY T. HALEY
STEPHEN M. EVANS
JOSHUA KING
BRYAN A. SANTARELLI
JOHN M. JANEWAY
FREDERICK A. KASEBURG

February 8, 2002

FACSIMILE MESSAGE - COVER SHEET

FEB 08 2002

To: Examiner A. Williams

Fax number: (703) 872-9318

Company: Unit 2826 / USPTO

Your Ref: 09/488,686

No. of pages following: 11

From: Bryan A. Santarelli

Our Ref: 1678-20 (ST)

Regarding:

Message: Please see attached.

CONFIDENTIALITY NOTICE: This facsimile communication contains confidential and/or privileged information which is intended for use only by the recipient named above. If you received this communication in error, please call us, collect, to arrange for its return at our expense. Any copying, disclosure, or dissemination of this communication is prohibited.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Loi Nguyen
Ravishankar Sundaresan

Serial No.: 09/488,686

Filing Date: January 20, 2000

Title: SRAM CELL FABRICATION WITH INTERLEVEL
DIELECTRIC PLANARIZATION

Attorney Docket No.: 93-C-078RE (1678-20)

FEB 08 2002

TRANSMITTAL LETTER

CERTIFICATE OF TRANSMISSION BY FACSIMILE

Date of facsimile transmission: February 8, 2002

I hereby certify that this correspondence is being transmitted via facsimile to
Fax number (703) 872-9318 to Examiner A. Williams, Examining Unit 2826, on
the date indicated below and is addressed to the Commissioner for Patents on
this 8th day of February, 2002.


Kelly Pedersen

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

XX No additional claim fee is required. ____ The fee has been calculated as
shown below:

Computation of Fee
For Claims as Amended

	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		Present <u>Extra</u>	<u>Rate</u>	Addl. <u>Fee</u>
Total Claims	34	Minus	34	=	0	x \$18/\$9 =	\$-0-
Independent Claims	4	Minus	4	=	0	x \$84/\$42 =	\$-0-
Total additional fee for this amendment							\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

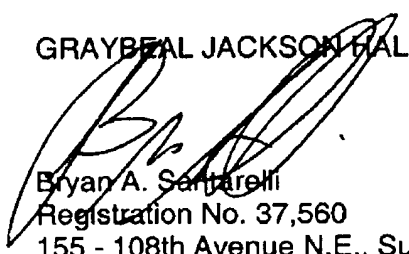
_____ Check No. _____ in the amount of \$_____ for the additional claim
fee is enclosed.

_____ Charge \$_____ to Deposit Account No. _____. A copy of this
sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit
Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP


Bryan A. Santarelli
Registration No. 37,560
155 - 108th Avenue N.E., Suite 350
Bellevue, WA 98004-5901
(425) 455-5575